

NOV 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County GreeneRegistration District No. 318Township SpringfieldPrimary Registration District No. 2001City Springfield

Springfield Baptist Hospital

File No. 37714Registered No. 1041St. Mo.

Ward

2. FULL NAME

(a) Residence, No. Dale Austin Green

(Usual place of abode)

St. Mo.Ward. Room

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 26 - 1936

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cedar Grove Mo

13. NAME

Virgil C Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Natchitoches Mo

15. MAIDEN NAME

Mabel Pullivan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cedar Grove Mo

17. INFORMANT (ADDRESS)

Virgil C Green Cedar Grove Mo

18. BURIAL, CREMATION, OR REMOVAL

Springfield Mo DATE 11-7 1937

19. UNDERTAKER (ADDRESS)

Hutchinson Blue Bolivar Mo

20. FILED

Nov 1

19

37Chas George

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 31 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Oct 31 1937 Death is said to have occurred on the date stated above, at 5:30 P. M.

The principal cause of death and related causes of importance were as follows:

Fractured skull result of auto automobile accident near Bolivar Mo. Pelt Co

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury Oct 31 1937Where did injury occur? Near Bolivar Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Automobile accident while driving in automobile

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A B Hutchison - Corwin Pelt Co Mo

(Address)

Bolivar Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

